

**ATA Airlines National Emergency Grant
Project Operating Plan and Budget**

Plan is due to the Agency on September 1, 2008 (Reference 6.1 and 7.1)

Date Plan Prepared: **Preparer Phone #:**

Prepared By: **Authorized By:**

Please provide: narrative detail for the operational plan items 1-9, amounts for supplemental budget cost categories, and worksite plan information. The Regional Workforce Board must submit to the Department of Workforce Development a revised plan request for budget changes as stipulated in Attachment B, Section 1.4.

1. Describe all services to be provided to NEG participants, how participants will be served through the WorkOne's, how the RWB will ensure coordination of services with other workforce investment programs (co-enrollment) and how the RWB will track program progress.
2. Provide detailed information on your Region's current high demand occupations, including the source of this information, and how it will be used to provide services to NEG participants.
3. Attach a staffing plan that described proposed staffing by job title, full time equivalent staff to be assigned and benefits rates for each staff position
4. Attach a description of the policies governing supportive services to participants.
6. Attach a description of the Regional Workforce Board's monitoring responsibilities and procedures.

Project Operating Plan and Budget - continued				
Please provide budget cost category information.				
Performance Factor	Admin	Program	Qtr 1	Qtr 2
Implementation Schedule				
Total Planned Participants				
Receiving Core and Intensive Services				
Receiving Occupational Skills Training Services				
Receiving Supportive Services				
Exits				
Entering Employment at Exit				
BUDGET COST CATEGORIES: Regional Operator Level				
Wages				
Fringe Benefits				
Program Management and Oversight				
Admin	0	0	0	0
Other *	0	0	0	0
Total Expenditures: Regional Operator Level	\$0.00	\$0.00	\$0.00	\$0.00
BUDGET COST CATEGORIES: Service Provider Level				
Salaries and Wages			\$0	\$0
Fringe Benefits			\$0	\$0
Professional Fees and Services			\$0	\$0
Consumable Supplies			\$0	\$0
Utilities			\$0	\$0
Travel			\$0	\$0
Rent - Building			\$0	\$0
Rent - Machine & Other			\$0	\$0
Grants and Clients Services			\$0	\$0
Capital Expenditures			\$0	\$0
Core and Intensive Services		\$0	\$0	\$0
Supportive Services		\$0	\$0	\$0
Other*		\$0	\$0	\$0
Other Operating Expense			\$0	\$0
Total Planned Service Provider Level Costs			\$0.00	\$0.00

A budget narrative must be attached which details each expense line item. This detail must include the positions funded by the grant, in whole or in part, fringe benefits, proposed equipment/supply purchases, capital expenditures, and any other costs associated with the project.